

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | SCH-1718 D01   |
| First Inventor         | Ludger DINKELBORG et al.   |
| Title                  | STENTS WITH A RADIOACTIVE SURFACE COATING, PROCESS FOR THEIR PRODUCTION AND THEIR USE FOR RESTENOSIS PROPHYLAXIS |
| Express Mail Label No. |  |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 67]  
(preferred arrangement set forth below)  
 - Descriptive title of the Invention  
 - Cross References to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table, or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Pages 16]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63 (d))  
 (for a continuation/divisional with Box 18 completed)  
 i.  **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

|  |  |  |
|--|--|--|
| <b>ADDRESS TO:</b>   |  | Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
| 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies   |  |  |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>   |  |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment<br>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: _____ |  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: 09 / 627,321

Prior application information: Examiner Jennifer Kolb Michener

Group / Art Unit: 1762

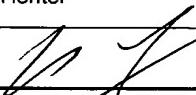
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

23599

or  Correspondence address below

|         |           |          |  |
|---------|-----------|----------|--|
| Name    |           |          |  |
| Address |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

|                   |   |                                   |                   |
|-------------------|---|-----------------------------------|-------------------|
| Name (Print/Type) | Csaba Henter  | Registration No. (Attorney/Agent) | 50,908            |
| Signature         |  |                                   | Date              |
|                   |   |                                   | November 24, 2003 |

Burdens Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 22386 U PTO  
 10/7118580  


112403

# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 770)

| Complete if Known    |                          |
|----------------------|--------------------------|
| Application Number   | Unassigned               |
| Filing Date          | November 24, 2003        |
| First Named Inventor | Ludger DINKELBORG et al. |
| Examiner Name        | Unassigned               |
| Group / Art Unit     | Unassigned               |
| Attorney Docket No.  | SCH-1718 D01             |

| METHOD OF PAYMENT (check one)   |          |                       |              | FEE CALCULATION (continued)  |                                  |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
|---|----------|-----------------------|--------------|--|----------------------------------|-------------------------------------|--------------|-----------------------|----------|-----------------------|----------|-----------------|----------|--------------------|----------------------------------|--------------------|-----|-------------------------------------|--------------------------|-------------------|----------------------------------|--------------------|-----|--|--------------------------|------------------|--------------------------------|---|-----|---------------------------|--------------------------|--------------------|----------------------|-------|-------|--|--------------------------|------------------------|----------------------|---|------|--|--------------------------|------|--------|------|--------|---|--------------------------|------|-----|------|----|--|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|--|--------------------------|------|-------|------|-----|---|--------------------------|------|-------|------|-----|--|--------------------------|------|-----|------|-----|------------------|--------------------------|------|-----|------|-----|--|--------------------------|------|-----|------|-----|--------------------------|--------------------------|------|-------|------|-------|---|--------------------------|------|-----|------|----|----------------------------------|--------------------------|------|-------|------|-----|------------------------------------|--------------------------|-----|-------|-----|-----|--------------------------------|--------------------------|------|-----|------|-----|------------------|--------------------------|------|-----|------|-----|-----------------|--------------------------|------|-----|------|-----|-------------------------------|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|---|--------------------------|------|----|------|----|--|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|--|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|---|--------------------------|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--------------|--|-------------------------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="13-3402"/></p> <p>Deposit Account Name <input type="text" value="Millen, White, Zelano &amp; Branigan, P.C."/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |          |                       |              | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive – unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive – unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,300</td><td>242</td><td>650</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>130</td><td>1807</td><td>130</td><td>Petitions related to provisional applications</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td><input type="checkbox"/></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3)</td> <td><input type="text" value="(\$ 0)"/></td> </tr> </tbody> </table> |                                  |                                     |              | Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description | Fee Paid | 1051               | 130                              | 2051               | 65  | Surcharge - late filing fee or oath | <input type="checkbox"/> | 1052              | 50                               | 2052               | 25  | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053             | 130                            | 1053  | 130 | Non-English specification | <input type="checkbox"/> | 1812               | 2,520                | 1812  | 2,520 | For filing a request for reexamination | <input type="checkbox"/> | 1804                   | 920*                 | 1804  | 920* | Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input type="checkbox"/> | 1251 | 110 | 2251 | 55 | Extension for reply within first month | <input type="checkbox"/> | 1252 | 410 | 2252 | 205 | Extension for reply within second month | <input type="checkbox"/> | 1253 | 930 | 2253 | 465 | Extension for reply within third month | <input type="checkbox"/> | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month | <input type="checkbox"/> | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month | <input type="checkbox"/> | 1401 | 320 | 2401 | 160 | Notice of Appeal | <input type="checkbox"/> | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 280 | 2403 | 140 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | <input type="checkbox"/> | 1453 | 1,300 | 2453 | 650 | Petition to revive – unintentional | <input type="checkbox"/> | 142 | 1,300 | 242 | 650 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | 2502 | 235 | Design issue fee | <input type="checkbox"/> | 1503 | 630 | 2503 | 315 | Plant issue fee | <input type="checkbox"/> | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 130 | 1807 | 130 | Petitions related to provisional applications | <input type="checkbox"/> | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="checkbox"/> | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) |  | <input type="text" value="(\$ 0)"/> |
| Large Entity Fee Code   | Fee (\$) | Small Entity Fee Code | Fee (\$)     | Fee Description  | Fee Paid                         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1051  | 130      | 2051                  | 65           | Surcharge - late filing fee or oath  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1052  | 50       | 2052                  | 25           | Surcharge - late provisional filing fee or cover sheet   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1053  | 130      | 1053                  | 130          | Non-English specification  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1812  | 2,520    | 1812                  | 2,520        | For filing a request for reexamination   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1804  | 920*     | 1804                  | 920*         | Requesting publication of SIR prior to Examiner action   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1805  | 1,840*   | 1805                  | 1,840*       | Requesting publication of SIR after Examiner action  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1251  | 110      | 2251                  | 55           | Extension for reply within first month   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1252  | 410      | 2252                  | 205          | Extension for reply within second month  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1253  | 930      | 2253                  | 465          | Extension for reply within third month   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1254  | 1,450    | 2254                  | 725          | Extension for reply within fourth month  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1255  | 1,970    | 2255                  | 985          | Extension for reply within fifth month   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1401  | 320      | 2401                  | 160          | Notice of Appeal   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1402  | 320      | 2402                  | 160          | Filing a brief in support of an appeal   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1403  | 280      | 2403                  | 140          | Request for oral hearing   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1451  | 1,510    | 1451                  | 1,510        | Petition to institute a public use proceeding  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1452  | 110      | 2452                  | 55           | Petition to revive – unavoidable   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1453  | 1,300    | 2453                  | 650          | Petition to revive – unintentional   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 142   | 1,300    | 242                   | 650          | Utility issue fee (or reissue)   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1502  | 470      | 2502                  | 235          | Design issue fee   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1503  | 630      | 2503                  | 315          | Plant issue fee  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1460  | 130      | 1460                  | 130          | Petitions to the Commissioner  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1807  | 130      | 1807                  | 130          | Petitions related to provisional applications  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1806  | 180      | 1806                  | 180          | Submission of Information Disclosure Stmt  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 8021  | 40       | 8021                  | 40           | Recording each patent assignment per property (times number of properties)   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1809  | 750      | 2809                  | 375          | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1810  | 750      | 2810                  | 375          | For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1801  | 750      | 2801                  | 375          | Request for Continued Examination (RCE)  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1802  | 900      | 1802                  | 900          | Request for expedited examination of a design application  | <input type="checkbox"/>         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| Other fee (specify) _____   |          |                       |              |  |                                  |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| *Reduced by Basic Filing Fee Paid   |          |                       |              | SUBTOTAL (3)   |                                  | <input type="text" value="(\$ 0)"/> |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| <p>4. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  |          |                       |              |  |                                  |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| FEE CALCULATION   |          |                       |              |  |                                  |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td><input type="text" value="770"/></td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td><input type="text"/></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td><input type="text"/></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td><input type="text"/></td></tr> <tr><td>.1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td><input type="text"/></td></tr> </tbody> </table> |          |                       |              | Large Entity Fee Code  | Fee (\$)                         | Small Entity Fee Code               | Fee (\$)     | Fee Description       | Fee Paid | 1001                  | 750      | 2001            | 375      | Utility filing fee | <input type="text" value="770"/> | 1002               | 330 | 2002                                | 165                      | Design filing fee | <input type="text"/>             | 1003               | 520 | 2003   | 260                      | Plant filing fee | <input type="text"/>           | 1004  | 750 | 2004                      | 375                      | Reissue filing fee | <input type="text"/> | .1005 | 160   | 2005                                   | 80                       | Provisional filing fee | <input type="text"/> | <p>SUBTOTAL (1) <input type="text" value="(\$ 770)"/></p> |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| Large Entity Fee Code   | Fee (\$) | Small Entity Fee Code | Fee (\$)     | Fee Description  | Fee Paid                         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1001  | 750      | 2001                  | 375          | Utility filing fee   | <input type="text" value="770"/> |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1002  | 330      | 2002                  | 165          | Design filing fee  | <input type="text"/>             |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1003  | 520      | 2003                  | 260          | Plant filing fee   | <input type="text"/>             |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 1004  | 750      | 2004                  | 375          | Reissue filing fee   | <input type="text"/>             |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| .1005   | 160      | 2005                  | 80           | Provisional filing fee   | <input type="text"/>             |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20**</th> <th>=</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>5</td><td>-20**</td><td>=</td><td>0</td><td>X</td><td><input type="text" value="0"/></td></tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3**</td> <td>=</td> <td>0</td> <td>X <input type="text" value="0"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td><input type="text" value="0"/></td> </tr> </tbody> </table>  |          |                       |              | Total Claims   | -20**                            | =                                   | Extra Claims | Fee from below        | Fee Paid | 5                     | -20**    | =               | 0        | X                  | <input type="text" value="0"/>   | Independent Claims | 2   | -3**                                | =                        | 0                 | X <input type="text" value="0"/> | Multiple Dependent |     |  |                          | X                | <input type="text" value="0"/> | <p>SUBTOTAL (2) <input type="text" value="(\$ 0)"/></p> |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| Total Claims  | -20**    | =                     | Extra Claims | Fee from below   | Fee Paid                         |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| 5   | -20**    | =                     | 0            | X  | <input type="text" value="0"/>   |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| Independent Claims  | 2        | -3**                  | =            | 0  | X <input type="text" value="0"/> |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |
| Multiple Dependent  |          |                       |              | X  | <input type="text" value="0"/>   |                                     |              |                       |          |                       |          |                 |          |                    |                                  |                    |     |                                     |                          |                   |                                  |                    |     |  |                          |                  |                                |   |     |                           |                          |                    |                      |       |       |  |                          |                        |                      |   |      |  |                          |      |        |      |        |   |                          |      |     |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |       |      |     |   |                          |      |       |      |     |  |                          |      |     |      |     |                  |                          |      |     |      |     |  |                          |      |     |      |     |                          |                          |      |       |      |       |   |                          |      |     |      |    |                                  |                          |      |       |      |     |                                    |                          |     |       |     |     |                                |                          |      |     |      |     |                  |                          |      |     |      |     |                 |                          |      |     |      |     |                               |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |      |    |      |    |  |                          |      |     |      |     |   |                          |      |     |      |     |  |                          |      |     |      |     |   |                          |      |     |      |     |   |                          |                           |  |  |  |  |  |                                   |  |  |  |              |  |                                     |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |              | Complete (if applicable)         |        |           |                   |
|-------------------|--------------|----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Csaba Henter | Registration No. Attorney/Agent) | 50,908 | Telephone | (703) 243-6333    |
| Signature         |              |                                  |        | Date      | November 24, 2003 |

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